

**PREA AUDIT REPORT   ☐ Interim   ☒ Final  
COMMUNITY CONFINEMENT FACILITIES**

**Date of report:** July 6, 2016

<b>Auditor Information</b>			
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<b>Telephone number:</b> 850-209-4878			
<b>Date of facility visit:</b> June 7 – 8, 2016, and June 29, 2016			
<b>Facility Information</b>			
<b>Facility name:</b> New Way Mississippi, Inc.			
<b>Facility physical address:</b> 275A Industrial Drive, Jackson Mississippi			
<b>Facility mailing address:</b> <i>(if different from above)</i> Click here to enter text.			
<b>Facility telephone number:</b> 601-354-4002			
<b>The facility is:</b>	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input checked="" type="checkbox"/> Private not for profit		
<b>Facility type:</b>	<input type="checkbox"/> Community treatment center	<input type="checkbox"/> Community-based confinement facility	
	<input checked="" type="checkbox"/> Halfway house	<input type="checkbox"/> Mental health facility	
	<input type="checkbox"/> Alcohol or drug rehabilitation center	<input type="checkbox"/> Other	
<b>Name of facility's Chief Executive Officer:</b> Larry Perry			
<b>Number of staff assigned to the facility in the last 12 months:</b> 8			
<b>Designed facility capacity:</b> 100			
<b>Current population of facility:</b> 70			
<b>Facility security levels/inmate custody levels:</b> Community			
<b>Age range of the population:</b> 20 - 60			
<b>Name of PREA Compliance Manager:</b> Alice Arnold		<b>Title:</b> MDOC Regional PREA Compliance Manager	
<b>Email address:</b> aarnold@mdoc.state.ms.us		<b>Telephone number:</b> 601-932-2880	
<b>Agency Information</b>			
<b>Name of agency:</b> Mississippi Department of Corrections (MDOC)			
<b>Governing authority or parent agency:</b> <i>(if applicable)</i> Click here to enter text.			
<b>Physical address:</b> 633 North State Street Jackson, MS. 39202			
<b>Mailing address:</b> <i>(if different from above)</i> Click here to enter text.			
<b>Telephone number:</b> 601-359-5600			
<b>Agency Chief Executive Officer</b>			
<b>Name:</b> Marshall Fisher		<b>Title:</b> Commissioner for the State of Mississippi Department of Corrections	
<b>Email address:</b> mfisher@mdoc.state.ms.us		<b>Telephone number:</b> 601-359-5600	
<b>Agency-Wide PREA Coordinator</b>			
<b>Name:</b> Marica Stingley		<b>Title:</b> MDOC State Wide PREA Coordinator	
<b>Email address:</b> mstingley@mdoc.state.ms.us		<b>Telephone number:</b> 601-573-5104	

## AUDIT FINDINGS

### NARRATIVE

The Prison Elimination Act (PREA) on-site audit of the New Way Mississippi, Inc., (NWMI) in Jackson, Mississippi was conducted on June 7 - 8, 2016 and June 29, 2016, by Debra D. Dawson, from Greenwood, Florida, a U. S. Department of Justice Certified PREA Auditor. Pre-audit preparation included a thorough review of documentation, various materials and a completed Pre-Audit Questionnaire submitted by the facility PREA Coordinator. The documentation and materials reviewed consisted of the facility policy regarding Sexual Abuse Prevention & Response (15-003), in-take screening forms, training curriculums for staff and residents, staffing plan, Memorandum of Understandings, Partnership Agreements, memorandums, organizational chart, posters, facility webpage and educational materials. Verbal communication was maintained between the Auditor and Dr. Phyllis Rhodes, NWMI PREA Coordinator, to ensure clarity of the required documentation. Advance documentation was submitted by the PREA Coordinator prior to the on-site visit.

NWMI is a 501C3 organization established in 1998 primarily to provide transitional housing and supportive services to ex-offenders in the State of Mississippi. NWMI has formed a partnership with the Mississippi Department of Corrections (MDOC) to provide these services to ex-offenders returning to Mississippi communities. The successful efforts of this program comply with the mandate of Mississippi House Bill 585. This bill addresses over crowded prison situations. The transitional housing and supportive services program managed by NWMI was approved by the Mississippi Deputy Commissioner for Community Corrections and the Commissioner for the MDOC. The organization has provided services to thousands of men, women and families since its establishment in 1998. In 2015, the facility provided services to 356 ex-offenders/residents.

The transitional housing and supportive services program employed by NWMI was developed to provide an atmosphere of independent living for ex-offenders dissimilar to a correctional setting environment such as traditional half-way houses. NWMI transitional housing and supportive services program utilizes 11 residential homes as housing units for the residents. Residents are initially assigned to a larger populated group home identified as level one. They are later transitioned to smaller populated homes which are identified as level two where are awarded less supervision and more independent living. The residents range from the ages of 20 – 60 years old and their average length of stay is six months with a maximum length of stay up to one year upon approval. The philosophy of NWMI is to provide preventive measures of re-institutionalizing the resident by placement in smaller group homes with independent living rather than one large living component during the transitional process. Each housing unit is located between 0.6 and 10.3 miles from the NWMI Corporate Office. Resident housing units were strategically selected due to their geographic location with allowance for direct management operational services by NWMI under one umbrella. NWMI provide management and supervision to all residents within the transitional housing units by operating under the uniformed inter-agency policies, operational procedures, staffing plan, organizational chart and one financial budget. NWMI staff work directly with all residents by providing a variety of supportive services to ex-offenders who are returning to the local communities. Services provided include: employment training/employment placement assistance, financial management training, relapse prevention, anger management, home buyers education training, and other personal support services. Additionally, staff schedule regular monthly group community meetings with all residents to relay agency related information as a whole. The 11 housing units are managed and supervised under one umbrella and one program of NWMI while being identified by street address for location purposes only. Policies developed and implemented at NWMI is adhered to by all residents. There is no deviation from NWMI established policies by residents and/or staff to include the agency's policy regarding Sexual Abuse and Response 15-003. There is no deviation in PREA training for employees, residents, volunteers, or contractors as a result of resident housing locations.

The agency has a contract with MDOC to house a capacity of 100 residents, consisting of 75 males and 25 females. However, during the site visit, there were 70 residents assigned, 56 males and 14 females. All residents are classified as a level one participant upon their arrival to NWMI and are assigned to level one housing units. Residents are categorized as level one for a duration of 45 – 60 days. A level one resident is required to remain on site for four weeks while receiving intense orientation training regarding the transitional program and are issued limited passes. After these residents have demonstrated successful participation in the extensive program of services provided and independent living skills, they are categorized as a level two program participant and transitioned to level two housing units. Residents are paired with a mentor or a sponsor and are expected to maintain regular, frequent contact and are graduated into more independent living. Residents who have transitioned to level two, have either gained employment or they are seeking employment. These residents are authorized daily passes seven days a week.

The Auditor conducted a site review on June 7 - 8, 2016, and an additional site visit on June 29, 2016. The visit on June 29, 2016, was conducted to gather additional information including additional interviews and documentation to determine if NWMI would be audited as one facility or as individual facilities. After a comprehensive review of the agencies documentation, Memorandum of Understandings, Partnership Agreements with various agencies, staffing plan, operational procedures, agency finance distribution practices, policies, staff performance practices, random staff and random resident interviews, it was

determined by this Auditor that the PREA Audit for NWMI should be concluded as one audit, not individual audits as it is one program that provides transitional housing and supportive services for residents regardless of their location. To conduct separate PREA audits for NWMI would create an undue financial burden with negative consequences for the small non-profit organization while being redundant. Additionally, multiple audits would result in an adverse effect on the continuation of programs and services provided. The PREA standards were carefully reviewed and utilized ensuring all housing units were reviewed under the PREA Standards for Community Confinement.

During the site visits, the Auditor was provided a secluded office with adequate sound proofing to conduct the interviews at NWMI Corporate Office located at 275A Industrial Drive, Jackson, MS. Formal interviews were conducted with a random selection of eight staff. All three shifts were represented during the interview process (1<sup>st</sup> shift 12:00 a.m. – 8:00 a.m.; 2<sup>nd</sup> shift 8:00 a.m. – 4:00 p.m.; and 3<sup>rd</sup> 4:00 p.m. – 12:00 a.m.) Formal interviews included training individuals, first responders, monitors, security staff, and intake screening personnel. Due to limited staff, several staff served dual positions. Interviews were also conducted with the President/Chief Executive Officer (CEO), Executive Director, Program Directors, NWMI PREA Coordinator, Facility Monitors, MDOC Regional PREA Compliance Manager, and MDOC State-wide PREA Coordinator. Staff was questioned utilizing the DOJ protocols regarding their PREA training, and their overall knowledge of the organization's zero tolerance policy, reporting mechanisms available to residents and staff, the response protocols when a resident reports abuse and their responsibility as a first responder. This Auditor reviewed personnel files of five staff members to determine compliance with training mandates and background checks. Case files for thirteen residents were reviewed to evaluate intake screening procedures to include assessments utilized to determine housing, and documentation of PREA training. The agency reported no allegations of sexual abuse or sexual harassment in the past 12 months. Therefore, the Auditor was unable to review any investigations, review documentation or interview any victims.

A roster was utilized for a random selection of twenty-two residents to interview that included residents from each of the 10 transitional housing units where they are assigned. Due to the residents' hours of work, programming assignments and scheduled employment interviews, several housing units were vacant during site visit on June 7 - 8, 2016, and June 29, 2016. Residents are allowed daily passes for extended hours. Therefore, several residents selected for random interviews reported to the Corporate Office upon their availability. Interviews with residents were conducted in a secluded office provided by staff with adequate sound proofing. During the site visit on June 29, 2016, the Auditor extended her hours of work to conduct random resident interviews and reported to housing units while awaiting residents' return at 6:00 p.m. Residents were interviewed utilizing the DOJ protocols regarding their knowledge of their rights and responsibilities under PREA standards and reporting mechanisms available to them to report abuse or harassment.

The Auditor toured all properties under management of NWMI while being escorted by the Executive Director. The Auditor observed the facility configuration of each housing unit, staff supervision of residents, placement of posters and PREA information, resident programming, staff and resident interaction, operational procedures, and entrance procedures. Notices of the PREA audit was observed posted in various locations throughout each housing unit. The layout plan of the housing units consisted of one or more bathrooms with a tub/shower, toilet and lavatory. All bathroom entrance doors were equipped with an inside locking device for total privacy. Plastic shower curtains were installed in all tub/shower areas. The housing units were observed to be maintained in a high level of sanitation and a comfortable home atmosphere.

The Auditor was treated with great hospitality during the site visit. Staff was readily accessible for interviews and submission of documentation. Due to the residents hours of work, pre-scheduled events and job interviews, adjustments were made by the Auditor and NWMI staff to the pre-scheduled time to conduct interviews. NWMI staff was very accommodating in ensuring that the requested residents reported upon their availability. The random selection of residents interviewed was knowledgeable of their rights and responsibilities under the PREA standards.

## **DESCRIPTION OF FACILITY CHARACTERISTICS**

The New Way Mississippi Inc., is a transitional housing and supportive service program for ex-offenders in the State of Mississippi to assist in the reduction ex-offender recidivism. Residents are categorized as a level one upon entry to the program and assigned to level one housing. Upon demonstrating positive progress in the program to include employment, they are categorized as level two and transitioned to one of the level two housing. Male and female residents are separated by housing unit locations and are prohibited from visiting with residents of the opposite sex. Residents assigned to the same housing unit are prohibited from entering another resident's sleeping area. Residents are issued entrance keys to their respective housing unit to accommodate daily passes. The residential housing units are of an older constructional design and have a variety of split floorplans to include bedroom locations in the middle and rear of the homes. There is no video camera monitoring in any of the transitional housing units. There are no security electronic screening devices prior to entrance. All transitional housing units have two entry/exit doors with locking devices for security purposes. All transitional housing units have a telephone which is available for limited resident usage.

The agency has a contract with MDOC to house a capacity of 100 residents, which are 75 males and 25 females. The transitional program provides residents with residential housing of single family homes contrary to that of a typical half-way house or community confinement facility. During the site visit, there was total of 70 residents assigned, 56 males and 14 females.

NWMI Corporate Office is located at 275A Industrial Drive, Jackson, MS., and there are eleven residential properties utilized as transitional housing units for residents. However, due a decrease in population, only 10 units are being utilized. During the site visit, the Auditor utilized goggle maps and a vehicular odometer to determine the distance of each housing unit from the Corporate Office. All transitional housing units under management by NWMI are located between 0.6 – 10.3 miles of the Corporate Office. Staff and resident identify each transitional housing unit by their street location. The specific facility characteristics of each are as following:

Inge Street housing unit is located at 916 Inge Street and is a level one housing unit. Male residents are initially assigned at Inge Street during their first 45 – 60 days for intense orientation process. It has a capacity rate for twenty-eight residents. Twenty-three residents were housed during the visits. This location is 2.8 miles from NWMI Corporate Office. It is a single building with four individual pods. A and B pods are on the lower level with the exact floor plan. They each consist of a living room area, full kitchen with dining area, one full bathroom, a half bathroom consisting of a toilet and lavatory, laundry area, and three separate bedrooms with two twin size beds each. C and D pods are on the upper level. Each of these pods consist of living room area, a full kitchen with dining area, four bedrooms with two twin beds, one full bathroom and a half bathroom consisting of a toilet and lavatory. The bathrooms and bedrooms each have a locking device to ensure residents' privacy while performing bodily functions. Plastic shower curtains are installed in all tub/shower areas as required.

St. Charles Street housing unit is located 1711 St. Charles Street and is a level two male housing unit. It has a capacity rate of eight residents. Six residents were assigned during the site visit. This location is 3.9 miles from the NWMI Corporate Office. The facility characteristics are of a single family home consisting of three bedrooms with two twin beds each and two bedrooms with one twin bed each, one full kitchen with a dining area, living room area, laundry area, and one full bathroom. A shower curtain is installed as required. The bathroom and all bedrooms have a locking device to ensure residents' privacy while performing bodily functions.

Downing Street housing units are located adjacent to each other at 306 Downing Street, 306 1/2 Downing Street, and 3717 Downing Street. These pods are separated by a walking path between them and share a driveway. They are located 3.0 miles from NWMI Corporate Office. Each of these pods has a constructional design of single family homes. They are designated as level two male housing units.

306 Downing Street has a capacity rate of six residents. Six were assigned during the site visit. The transitional housing unit consists of a living room, full kitchen with dining area, laundry area, three bedrooms with two twin beds each, one full bathroom, and one half bathroom with shower and lavatory. A shower curtain was installed at each the tub/shower area. All bedrooms and bathrooms have a locking device to ensure residents' privacy while performing bodily functions.

306 1/2 Downing Street has a capacity rate of five residents. Five were assigned during the site visit. The transitional housing unit consists of a living room, full kitchen with dining area, laundry area, one bedroom with three twin beds, one bedroom with two twin beds and one full bathroom. A plastic shower curtain was installed as required. All bedrooms and one bathroom have a locking device to ensure residents' privacy while performing bodily functions.

3717 Downing Street has a capacity of four residents. Three were assigned during the site visit. The transitional housing unit consists of a living room, a full kitchen with dining area, laundry area, two bedrooms with two twin beds each, and one full bathroom with tub/shower. A shower curtain was installed s required. All bedrooms and bathroom have a locking device to ensure residents' privacy while performing bodily functions.

Bullard Street transitional housing unit is located at 4450 Bullard Street and is a male level two housing unit. This location is 0.6 miles from NWMI Corporate Office. Bullard Street has a capacity of six residents. Three residents were assigned during the site visit. The constructional design is that of a single family home. It consists of a living room, full kitchen with dining area, laundry area, two bedrooms with two twin beds each, two bedrooms with one twin bed each and one full bathroom. A shower curtain was installed as required. All bedrooms and bathroom have a locking device to ensure residents' privacy while performing bodily functions.

Maria Street transitional housing unit is located at 1018 Maria Street and is a male level two housing unit. This location is 5.9 miles from NWMI Corporate Office. Maria Street has a capacity of six residents. Five was assigned during the site visit. The constructional design is that of a single family home. It consists of two bedrooms with two twin beds and two bedrooms with one twin bed each, a living room, a full kitchen with dining area, laundry room and one full bathroom. A plastic shower curtain

installed as required. The bedrooms and bathroom have a locking device to ensure resident's privacy while performing bodily functions.

Macon Street transitional housing unit is located at 1218 Macon Street and is a level two male housing unit and located 3 miles from NWMI Corporate Office. Macon Street has a capacity of five residents. Four residents were assigned during the site visit. The constructional design is that of a single family home. It consists of a living room, full kitchen with dining area, laundry area, two bedrooms with two twin beds each, one bedroom with one twin bed and one full bathroom. Plastic shower curtains were installed as required. The bedrooms and bathroom have a locking device to ensure resident's privacy while performing bodily functions.

The female residents are assigned to President housing units located at 727 and 737 North President Street. The housing units are adjacent to each other and share a driveway.

727 N. President Street housing unit is located 3.9 miles from the NWMI Corporate Office and is a level one transitional housing unit for females. It has the capacity of ten residents. Six residents were assigned during the site visit. Female residents are initially assigned here upon their arrival at NWMI. It is designated as the level one transitional housing unit for females. The housing unit consists of two bedrooms with two twin beds, two open bay bedrooms with three twin beds, a large common area living room, full kitchen with dining area, laundry area, and two full bathrooms each equipped with tub/shower, lavatory, and toilet. Shower curtains were installed as required. All bedrooms and bathrooms entrance doors are equipped with a locking device to ensure resident's privacy during their performance of bodily functions. After completion of extensive orientation regarding the transitional program and demonstrating progress, female residents are transitioned to the level two housing unit at 737 N. President.

737 N. President Street housing Unit is located adjacent to 727 N. President Street and is 3.9 miles from NWMI Corporate Office. It has a capacity of fifteen residents. Nine residents were assigned during the site visit. This housing unit is designated as the level two transitional housing for female residents. The housing unit consists of a large common area living room, a kitchen, laundry room, one bedroom with one twin bed, four bedrooms with two twin beds, two open bay bedrooms with three twin beds, and two full bathrooms each equipped with a tub/shower with plastic shower curtain, a toilet and a lavatory. All bedrooms and bathrooms have an entrance door locking device to ensure resident's privacy while performing bodily functions.

Cooper Street transitional housing unit is located at 744 Cooper Street and is 10.3 miles from NWMI Corporate Office and designated as a level two male unit. Cooper Street has a capacity of seven residents. However, there were no residents assigned during the site visit. Per CEO Mr. Perry, due to the consistent decrease in the male population during the previous three months, it is not feasible to assign residents at this location. Open beds are available for the male residents at other NWMI housing units without creating overcrowding conditions. Usage of this housing unit will resume as needed upon an increase in the male population.

Cooper housing unit is constructed as a single family home. The housing unit consist of a living room, a kitchen with dining area, a laundry area, two bedrooms with two twin beds each and an open bay bedroom with three twin beds. There are two bathrooms. One bathroom has a toilet, lavatory and a tub/shower with a plastic shower curtain installed. This bathroom is located in the rear area of the housing unit. A second bathroom is located in the front area of the housing unit. It has two separate shower areas divided by a wall separation. The wall separation and shower curtains provide privacy while showering. The two toilets in this bathroom are in individual stalls with locking devices and provide privacy while performing bodily functions.

## **SUMMARY OF AUDIT FINDINGS**

The audit of New Way Mississippi, Inc., was determined to be in compliance with the National Prison Rape Elimination Act (PREA). The notice of the on-site visit was posted on April 20, 2016, six and a half weeks prior to the visit and was observed posted throughout each transitional housing unit. The initial site visit was conducted on June 7 - 8, 2016. A second visit was conducted on June 29, 2016.

In the past 12 months, the NWMI reported that no allegations of sexual abuse and/or sexual harassment were received. Thus, there were no administrative and/or criminal investigations related to sexual abuse and/or sexual harassment initialed by NWMI to the Mississippi Department of Corrections or local law enforcement for investigation.

During interviews with residents, they were consistently knowledgeable and understood their rights and responsibilities under the PREA standards. Residents acknowledged receiving written material, and a resident handbook detailing multiple avenues to report sexual abuse and/or sexual harassment, and observance of a PREA training DVD,. Residents were able to properly identify the locations of PREA posters and the hotline number within their housing unit. Several residents articulated to this Auditor the steps they would take to report sexual abuse and/or sexual harassment. They were aware of third-party reporting

opportunities for family and friends. Male and female residents identified local crisis centers for reporting purposes and supportive services. The residents interviewed, stated they felt very safe at NWMI and was confident staff would provide assistance and support as needed.

All staff interviewed indicated they had received PREA training and articulated the meaning of the agency's zero tolerance for sexual abuse and/or sexual harassment. Staff received PREA training by MS. Arnold, MDOC Regional PREA Compliance Manager. Employee's signatures confirmed training. Staff repeated to this Auditor their role as a first responder and other responsibilities as an employee at NWMI under the PREA standards for responding, protecting and preventing, and reporting sexual abuse and/or sexual harassment immediately.

The results of the audit indicate New Way Mississippi, Inc., compliance levels of the 39 standards in the below listed manner.

Number of standards exceeded: 0

Number of standards met: 39

Number of standards not met: 0

Number of standards not applicable: 0

### **Standard 115.211 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

NWMI has implemented a zero tolerance policy as detailed in Policy 15-003, which comprehensively addresses the agency's commitment to preventing, detecting, and responding to all forms of sexual abuse and sexual harassment. The policy contains necessary definitions, disciplinary sanctions, responses to allegations of sexual abuse and sexual harassment and agency's strategies to protect residents from sexual abuse and sexual harassment. NWMI developed their policy regarding sexual abuse and sexual harassment in a manner that it is the foundation for providing training to staff, residents, volunteers, and contractors.

NWMI has designated a PREA Coordinator, Dr. Phyllis Rhodes. Her official title is New Way Mississippi Inc., Chief Financial Officer and PREA Coordinator. She works directly for NWMI President/CEO, Mr. Larry Perry. As the NWMI PREA Coordinator, Dr. Rhodes reports to the MDOC Regional PREA Compliance Manager, Alice Arnold. Ms. Arnold has oversight of twenty-one facilities within the Central Region of MS. Ms. Arnold provides PREA training, monitors and collect monthly data from each of these facilities and submit her reports to the MDOC State-wide PREA Coordinator, Ms. Marica Stingley. During interviews with each of the listed PREA Coordinators and PREA Compliance Manager, they reported having sufficient time and authority to develop, implement and oversee the agencies' goal for PREA compliance.

#### **Policy, Materials, Interviews, and Other Evidence Reviewed**

- . New Way Mississippi Inc., Policy 15-003
- . New Way Mississippi Inc., Organizational Chart 2015
- . Completed Pre-Audit Questionnaire submitted by NWMI PREA Coordinator
- . Interview with Alice Arnold (MDOC Regional PREA Compliance Manager)
- . Interview with Marcia Stingley (MDOC State-wide PREA Coordinator)

### **Standard 115.212 Contracting with other entities for the confinement of residents**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Non applicable – does not contract for the confinement of New Way Mississippi, Inc.

### Standard 115.213 Supervision and monitoring

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

### Staffing Plan (115.213 (a) and (c))

(a) NWMI has a staff complement that is responsible for providing services to each resident. A staffing plan was developed which provides an adequate level of staffing to protect residents against sexual abuse for the multiple transitional housing units. The staffing plan addresses the mandatory ten elements listed under this standard. The organizational chart, operational procedures, staffing plan, duties assigned and financial allotment is managed and operated as one facility. Staff performs a variety of duties. The multiple transitional housing units are identified by street location for identification and assignment purposes only. Therefore, NWMI has formalized one staffing plan which appropriately addresses each transitional housing unit under one program.

(c) Documentation of an annual review of the agency's staffing plan was reviewed. This Auditor confirmed through a review of the staffing plan, documentation of the annual review and operational procedures that NWMI maintained operation of the agency's original plan without deviation.

During the site visit, this Auditor reviewed documentation noting irregular rounds were being consistently conducted during all shifts. Additionally, it was noted that supervisory staff regularly adjust and/or extend their hours of work to conduct irregular rounds. Copies of documentation were made available to this Auditor. There is no deployment of video camera monitoring in the transitional housing units.

### Policy, Materials, Interviews, and Other Evidence Reviewed

- . NWMI policy 15-003
- . Documentation of regular and irregular rounds
- . Interview with Mr. Larry Perry (President/CEO)
- . Interviews with random residents
- . Interviews with random staff
- . Completed Pre-questionnaire submitted by NWMI PREA Coordinator

### Standard 115.215 Limits to cross-gender viewing and searches

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**



The NWMI policy prohibits cross-gender strip searches by staff without an allowance for exigent circumstances. NWMI policy also prohibits cross gender visual body cavity searches without an allowance for exigent circumstances by employees. Cross-gender pat searches are prohibited without an allowance for exigent circumstances. Staff are allowed to conduct a visual inspection of a resident's mouth cavity only. NWMI prohibits employees from conducting searches or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status.

NWMI staff reported no cross-gender strip searches, cross-gender visual body cavity searches or cross-gender pat searches have been conducted at NWMI in the past 12 months. During the site visits, resident's assignment at NWMI was less than six months. The residents verified no cross-gender pat-searches, cross-gender strips or cross-gender visual body cavity checks had been conducted during their existence at NWMI. Residents who identify themselves as transgender or intersex have not been assigned at NWMI in the past 12 months.

NWMI policy requires employees of the opposite sex to announce their presence when entering resident units to prevent cross-gender viewing. During the site visits, this Auditor observed staff utilizing this practice. NWMI policy, practice and floor design of resident units allow residents the ability to shower, perform bodily functions, and the changing of clothing with privacy. During the interview process with random residents, they consistently relayed to this Auditor that opposite sex gender is always announced prior to entrance while awaiting notification that residents are properly dressed. Ten of the resident units are equipped with single bathrooms usage consisting of tub/shower, toilet and lavatory. The doors on each bathroom maintain a locking device for privacy. Plastic shower curtains are installed in all tub/shower areas as required. The transitional resident housing unit on Cooper Street was constructed for dual usage. However, it is appropriately designed to provide privacy during usage and maintain locking devices on the two stall doors. Although residents share bedrooms, locking devices are available for privacy during clothing ex-change.

#### **Policy, Materials, Interviews, and Other Evidence Reviewed**

- . NWMI Policy 15-003
- . Observation during tours
- . Completed Pre-Audit Questionnaire submitted by NWMI Coordinator
- . Interviews with staff
- . Interviews with random residents

#### **Standard 115.216 Residents with disabilities and residents who are limited English proficient**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The NWMI policy prohibits discrimination of residents with disabilities and residents who are limited English proficient (LEP) in having access to or participating in or benefit from all aspects of the agency's efforts to prevent, detect and respond to sexual abuse and harassment. NWMI policy further prohibits the use of residents as interpreters when dealing with allegations/investigations of sexual abuse or harassment. NWMI has an established contact and a working relationship with Contra Costa Crisis Center to provide immediate translation services via telephone which are available in 12 different languages. These services are accessible 24 hours a day. Staff are required to provide auxiliary aids to residents in order to effectively communicate with those who present disabilities and or who are limited English proficient. PREA posters and brochures were located throughout all resident housing units during the site visits by this Auditor. There were no residents with LEP or disabilities to conduct an interview. During interviews with staff and residents, it was confirmed resident interpreters are not utilized.

### **Policy, Materials, Interviews and Other Evidence Reviewed**

- . New Way Mississippi, Inc., Policy 15-003
- . Completed Pre-Audit Questionnaire submitted by NWMI Coordinator
- . Interview with Phyllis Rhodes, (PREA Coordinator)
- . Interview with President/CEO Larry Perry
- . Interviews with random staff and residents regarding use of interpreters
- . PREA posters in English and Spanish
- . Agreement between NWMI and Contra Costa Crisis Center

### **Standard 115.217 Hiring and promotion decisions**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The agency PREA policy prohibits the hiring, promotion or retention of any employee, contractor or volunteer who have engaged in sexual abuse as specified in this standard. The agency conducts background checks prior to the hiring of staff and contractors who have contact with residents. Systems of controls are in place for staff and contractors to report any allegation and/or conviction of sexual abuse or sexual harassment to be reported immediately in writing to the Chief Executive Officer.

NWMI policy requires that all applicants who will have direct contact with residents must report all previous misconduct of sexual abuse and/or sexual harassment in writing during the interview process. Those applicants who elect to apply material omission, material falsifications or material misrepresentation will be terminated immediately. This procedure is also applicable to current employees seeking promotions.

The agency policy requires the Human Resource Manager to contact prior institutional employers of an applicant for information on any substantiated allegations of sexual abuse and/or sexual harassment or their resignation during an investigation of such. This procedure must be consistent with local, state and federal laws.

### **Policy, Materials, Interviews and Other Evidence Reviewed**

- . NWMI policy 15-003
- . Interview with Mr. Perry, (President/CEO)
- . Interviews with random staff
- . Completed Pre-Audit Questionnaire submitted by NWMI PREA Coordinator

### **Standard 115.218 Upgrades to facilities and technologies**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The facility has not acquired any new designs or upgrades in planning expansions or modifications of its facilities prior to this audit.

#### **Policy, Materials, Interviews and Other Evidence Reviewed**

- . Interview with Mr. Perry, (President/CEO)
- . Interviews with random staff
- . Observation during tours
- . Completed Pre-Audit Questionnaire submitted by NWMI PREA Coordinator

#### **Standard 115.221 Evidence protocol and forensic medical examinations**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Sections (a) and (b) are not applicable. NWMI policy 15-003 notes that the Jackson Police Department is the agency responsible for conducting investigations of sexual abuse and/or sexual harassment regarding criminal charges. (c) The agency has an agreement with the University of Mississippi Medical Center to conduct forensic medical examinations. The resident will not incur any financial cost. (d) – (g) The facility has Memorandum of Understandings with the following agencies and offer the contact information to residents for each: Crisis Line; The Mississippi Coalition against Sexual Assault; Contra Costa Crisis Center and a toll free hot line number. (h) The local law enforcement office receives required PREA investigative training provided by their agency. A copy of the PREA evidence protocol will be given to the investigative officer. No incidents have occurred which required services in this standard. However, procedures are strictly outlined.

#### **Policy, Materials, Interviews and Other Evidence Reviewed**

- . NWMI Policy
- . Memorandum of Understanding with Contra Costa Crisis Center
- . Contract with Mississippi Coalition against Sexual Assault
- . Interview with Dr. Rhodes (NWMI PREA Coordinator)
- . Interview with Mr. Perry (President/CEO)
- . Completed Pre-Audit Questionnaire submitted by NWMI PREA Coordinator

#### **Standard 115.222 Policies to ensure referrals of allegations for investigations**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Within the past 12 months, there have been no reports of sexual abuse and/or sexual harassment. The agency's policy states they will ensure referral of allegations for investigation to an agency with the legal authority to conduct criminal investigations unless the allegation does not involve criminal behavior. As a contracting agency with MDOC, NWMI also maintain an open-line of communication with MDOC in regards to ensuring all allegations are referred for proper investigation by authorized personnel. This information is submitted monthly by the NWMI PREA Coordinator for submission to the annual report by the MDOC State-Wide PREA Coordinator.

#### **Policy, Materials, Interviews and Other Evidence Reviewed**

- . NWMI Policy 15-003
- . MDCO Policy 20-14
- . Interview with Mr. Perry, (President/CEO)
- . Interview with Ms. Arnold, (MDOC Regional PREA Compliance Manager)
- . Completed Pre-Audit Questionnaire submitted by NWMI PREA Coordinator

#### **Standard 115.231 Employee training**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

All employees have received training on the agency's zero tolerance policy for sexual abuse and/or sexual harassment abuse as required by NWMI policy 15-003. A training tool utilized for employees is a power point video titled PREA Training. Staff received additional presentation training which was presented by Ms. Alice Arnold, MDOC Regional Compliance Manager. Evidence of training is documented by employees' signatures and verbal communication during the interview process of their understanding of the PREA language. PREA standards are also discussed during staff meetings as refresher training. The PREA training is tailored to the gender of the residents; male and females.

#### **Policy, Materials, Interviews and Other Evidence Reviewed**

- . NWMI Policy 15-003
- . NWMI staff training records
- . Staff meeting minutes
- . Interview with Ms. Arnold, (MDOC Regional PREA Compliance Manager)
- . Completed Pre-Audit Questionnaire submitted by NWMI PREA Coordinator

#### **Standard 115.232 Volunteer and contractor training**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- ☐ Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

NWMI policy dedicate that the facility ensure volunteers and contactors who have contact with residents on a recurring basis receive training regarding their responsibilities pertaining to sexual abuse and/or sexual harassment to include as a first responder. The facility maintains documentation and signed acknowledgement forms noting volunteers received the PREA training. NWMI does not have contractors who have contact with residents on a regular basis.

#### **Policy, Materials, Interviews and Other Evidence Reviewed**

- . NWMI Policy 15-003
- . Review of PREA training material presented to Volunteers
- . Signature acknowledgements of volunteers
- . Interview with Ms. Brady Davis, (Executive Director)
- . Completed Pre-Audit Questionnaire submitted by NWMI PREA Coordinator

#### **Standard 115.233 Resident education**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The average resident length of stay at NWMI is six months. However residents may stay up to a maximum of one year with prior approval. A random review thirteen residents' casefile revealed residents were provided with a variety of comprehensive educational PREA material to include during the intake process. An explanation of the agency's zero tolerance on sexual abuse and/or sexual harassment, and their rights and responsibilities under PREA standards were delivered through literature, and DVD presentation. Residents' rights and responsibilities under the PREA standards are also listed in the residents' handbook. Handbooks were issued to the residents during intake. Residents acknowledge receipt of PREA training by their signature. PREA posters are placed throughout each of the resident housing units for additional educational purposes. During random resident interviews, residents acknowledged viewing a PREA training DVD, and attending educational PREA lectures presented by NWMI staff during monthly community meetings.

#### **Policy, Materials, Interviews and Other Evidence Reviewed**

- . NWMI Policy 15-003
- . Tour observation
- . Interviews with random residents
- . Review of resident handbook
- . Review of PREA training DVD for residents
- . Completed Pre-Audit Questionnaire submitted by NWMI PREA Coordinator

#### **Standard 115.234 Specialized training: Investigations**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Ms. Arnold, MDOC PREA Compliance Manager is responsible for conducting administrative investigative reports to include sexual abuse and/or sexual harassment. The Jackson Police Department is responsible for conducting criminal investigations. However, Ms. Arnold works closely with the Jackson Police Department during criminal investigations. Ms. Arnold and the Jackson Police Department have received training under the PREA standards on interviewing sexual abuse victims, applying the proper usage of the Miranda and Garrity warnings, and analyzing criteria and evidence required for prosecution referrals. Documentation of Ms. Arnold's training was submitted to this Auditor by email. Employees of the Jackson Police Department receive training through their agency. There were no referrals of allegations of sexual abuse and/or sexual harassments during the past 12 months.

#### **Policy, Materials, Interviews and Other Evidence Reviewed**

- . NWMI Policy 15-003
- . MDOC Policy 20-14
- . Interview with Ms. Arnold (MDOC PREA Compliance Manager)
- . Training record for Ms. Arnold (MDOC PREA Compliance Manager)
- . Interview with Ms. Stingley (MDOC State-wide PREA Coordinator)
- . Completed Pre-Audit Questionnaire submitted by NWMI PREA Coordinator

#### **Standard 115.235 Specialized training: Medical and mental health care**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

New Way Mississippi, Inc., does not employ full time or part time medical practitioners at its facility. NWMI has a cooperative agreement with the University of Mississippi Medical Center to conduct forensic medical exams for sexual abuse victims at the Medical Center. NWMI policy requires all victims of sexual assault to be escorted to the University Mississippi Medical Center for a forensic medical examination which will be conducted by a SAFE or SANE practitioner. No referrals were made to a medical center due to allegations of sexual abuse and or sexual assault.

Mental health services are provided through a cooperative agreement with Region 8 Mental Health Services. Region 8 Mental Health Services is a standard program that provides services for homeless and low income individuals. NWMI policy states all residents who report allegations of sexual assault/sexual abuse will be provided mental health care. No referrals were made

due to allegations of sexual abuse and/or sexual assault. PREA training is provided through the Region 8 agency.

#### **Policy, Materials, Interviews and Other Evidence Reviewed**

- . Interview with UMMC Forensic Staff
- . Interview with Mr. Perry, (President/CEO)
- . NWMI Policy 15-003
- . Interview with Dr. Rhodes, (NWMI PREA Coordinator)
- . Copy of Region 8 Mental Health Services Mission
- . Completed Pre-Audit Questionnaire submitted by NWMI PREA Coordinator

#### **Standard 115.241 Screening for risk of victimization and abusiveness**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The agency's policy requires that upon residents' admission to NWMI, they are screened to obtain information for housing, work, and program assignments. Staff are required to keep separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive. The screening process is thorough and allows the resident to provide their own perception of vulnerability. A review of resident files assigned at NWMI revealed they were screened as required by this standard. NWMI policy and the instrument used during intake screening cover the nine areas detailed in this standard.

The agency has implemented appropriate controls on the dissemination of the information received at intake. Information collected is maintained a secure area in the Program Managers' Office.

NWMI policy requires that a resident identified with a score of high risk be reassessed within 30 days after the initial intake screening. Staff conduct reassessments of a resident's risk of victimization or abusiveness based upon additional or relevant information received by the facility since the resident's in-take screening.

#### **Policy, Materials, Interviews and Other Evidence Reviewed**

- . NWMI Policy 15-003
- . Interviews with Program Directors who conduct screening
- . Tour observation
- . Review of resident screening instrument
- . Completed Pre-Audit Questionnaire submitted by NWMI PREA Coordinator

#### **Standard 115.242 Use of screening information**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance**

**determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The NMWI PREA policy requires screening information be used to determine risk-based decisions upon the arrival each of resident in an effort to provide a safe environment. Policy requires staff to consider transgender or intersex resident's own views prior to making a decision on their housing assignment. A determination of housing will be reviewed and made on a case-by-case basis to ensure the resident's safety.

NMWI policy prohibits the assignment of transgender or intersex residents to dedicated housing units solely on the basis of their identification status. Transgender and intersex residents are allowed to shower separately from other residents. NMWI reported they have had no LGBTI residents in the previous 12 months.

#### **Policy, Materials, Interviews and Other Evidence Reviewed**

- . Completed Pre-Audit Questionnaire submitted by NMWI PREA Coordinator
- . NMWI Policy 15-003
- . Interview with Program Directors who conduct intake screening
- . Interview with Dr. Rhodes, (PREA Coordinator)

#### **Standard 115.251 Resident reporting**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

NMWI provides residents with multiple ways to report sexual abuse and/or sexual harassment, retaliation, staff neglect or violation of responsibilities. Residents may verbally communicate with a staff member; call the facility's twenty-four (24) hour toll-free notification number, abuse hotline number posted; resident may forward a letter sealed and marked "confidential" to any employee; residents may submit a grievance; a third party may report an incident for them; residents may forward a letter to the NMWI Executive Director or Director of Operations at P.O. Box 24404, Jackson, MS. Residents work off-site daily and are issued weekend passes to visit families. A wide variety of individuals outside the agency are available for residents to report abuse.

#### **Policy, Materials, Interviews and Other Evidence Reviewed**

- . Completed Pre-Audit Questionnaire submitted by NMWI PREA Coordinator
- . NMWI Policy 15-003
- . Observation of posters during tour
- . Resident handbook

#### **Standard 115.252 Exhaustion of administrative remedies**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)



- ☐ Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

NWMI reports there have been no reports of sexual abuse or sexual harassment, and no grievances or emergency grievances have been filed alleging sexual abuse and/or sexual harassment. The resident handbook provides information regarding the grievance process. The agency's policy dictate there is no time limit for filing grievances against sexual abuse and/or sexual harassment. Residents are not required to use any informal grievance procedures or to attempt to resolve an allegation of sexual abuse and/or sexual harassment with staff.

#### **Policy, Materials, Interviews and Other Evidence Reviewed**

- . NWMI Policy 15-003
- . Completed Pre-Audit Questionnaire submitted by NWMI PREA Coordinator
- . Resident handbook
- . Review of grievances filed
- . Interview with Dr. Rhodes, (NWMI PREA Coordinator)

#### **Standard 115.253 Resident access to outside confidential support services**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

NWMI has had no reported allegations of sexual abuse in the past 12 months; thus, no victims of sexual abuse and/or sexual harassment were available for interview. The agency has established a contract with The Mississippi Coalition against Sexual Assault as an avenue of outside confidential support services for residents. Residents are provided this information and a toll free hotline number during intake screening, through resident handbook and informational flyers. A toll free hotline number is posted in the housing units.

#### **Policy, Materials, Interviews and Other Evidence Reviewed**

- . NWMI Policy 15-003
- . Contract with Mississippi Coalition against Sexual Assault
- . Completed Pre-Audit Questionnaire submitted by NWMI PREA Coordinator

#### **Standard 115.254 Third-party reporting**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The agency has publicly distributed information on their website the reporting procedures of sexual abuse and/or sexual harassment by family and friends by utilizing a toll free hotline number. PREA training provided to volunteers and/or contractors detail their responsibility to report allegations of sexual abuse and/or sexual harassment as a third party.

#### **Policy, Materials, Interviews and Other Evidence Reviewed**

- . Completed Pre-Audit Questionnaire submitted by NWMI PREA Coordinator
- . NWMI Policy 15-003
- . Interview with Ms. Davis (Executive Director)

#### **Standard 115.261 Staff and agency reporting duties**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

All NWMI staff are required to immediately report any allegations of sexual abuse or sexual harassment or employee's neglect of responsibilities as a contributing factor to the prohibited acts. The agency requires staff to immediately report any acts of retaliation against residents or employees who reported or assisted during investigations of sexual abuse and/or sexual harassment. Employees who fail to report allegations of sexual abuse and/or sexual harassment or retaliation are subject to disciplinary actions. Policy prohibits staff from releasing information for sexual abuse reports to individuals other than designated supervisors or officials in the reporting process.

#### **Policy, Materials, Interviews and Other Evidence Reviewed**

- . Employee handbook
- . NWMI Policy 15-003
- . Completed Pre-Audit Questionnaire submitted by NWMI PREA Coordinator

#### **Standard 115.262 Agency protection duties**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific**

### **corrective actions taken by the facility.**

NWMI reports there have been no situations in the past 12 months where it was determined a resident was subject to substantial risk of imminent sexual abuse. NWMI policy dictates staff will immediately remove the resident from the area identified as an area of risk. Appropriate actions will be taken on a case-by-case basis to ensure the safety of the resident who is at risk of imminent sexual abuse.

### **Policy, Materials, Interviews and Other Evidence Reviewed**

- . NWMI Policy 15-003
- . Completed Pre-Audit Questionnaire submitted by NWMI PREA Coordinator
- . Interview with Ms. Davis (Executive Director)

### **Standard 115.263 Reporting to other confinement facilities**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Agency policy note that upon receiving information regarding sexual abuse and/or sexual harassment from a correctional facility which a NWMI resident was previously designated, the NWMI CEO will contact the head of that agency by phone and in writing and document reporting the incident. The notification will be made as soon as possible, but not later than 72 hours. Upon receiving reports from other correctional facilities that an allegation of sexual abuse and/or sexual harassment occurred at NWMI, the CEO will ensure an investigation is referred and conducted. Staff confirmed acknowledgment of this procedure during interviews. No reports have been made to or from NWMI within the past 12 months.

### **Policy, Materials, Interviews and Other Evidence Reviewed**

- . NWMI Policy 15-003
- . Interview with Mr. Perry (President/CEO)
- . Review of data collected by Dr. Rhodes (NWMI PREA Coordinator)
- . MDOC 2015 Annual PREA Report
- . Completed Pre-Audit Questionnaire submitted by NWMI PREA Coordinator

### **Standard 115.264 Staff first responder duties**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The agency reported there have been zero allegations that a resident was sexually assaulted in the past 12 months. Therefore, there were neither victims nor first responders to interview by this Auditor. The agency policy outlines the first responder duties 1 – 4 in the PREA standard. During interviews with security staff and non-security staff, they were very knowledgeable of their duties as a first responder.

#### **Policy, Materials, Interviews and Other Evidence Reviewed**

- . NWMJ Policy 15-003
- . Completed Pre-Audit Questionnaire submitted by NWMJ PREA Coordinator
- . Interviews with random staff

#### **Standard 115.265 Coordinated response**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The agency has developed a written plan of action within their policy to coordinate actions taken in response to an incident of sexual abuse. The written plan identifies procedures ensuring the victim is kept safe and away from the alleged perpetrator and immediately escorted to the University of Mississippi Medical Center for a forensic examination. Region 8 will be contacted to provide mental health services. The preservation of evidence will be maintained and documented. Notification will be immediately made to the proper authorities for investigation. The highest ranking authority on site will be responsible for ensuring the procedures are properly followed and documented.

#### **Policy, Materials, Interviews and Other Evidence Reviewed**

- . NWMJ Policy 15-003
- . Completed Pre-Audit Questionnaire submitted by NWMJ PREA Coordinator

#### **Standard 115.266 Preservation of ability to protect residents from contact with abusers**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

NWMJ does not have any collective bargaining agreements in place and has not had any at any time. NWMJ is non-union.

## Policy, Materials, Interviews and Other Evidence Reviewed

- . Interview with Mr. Perry (President/CEO)
- . Completed Pre-Audit Questionnaire submitted by NWMI PREA Coordinator

### Standard 115.267 Agency protection against retaliation

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

NWMI reports in the past 12 months, there have been no reports of retaliation reported, known or suspected. The agency policy clearly states that residents and employees must report and/or cooperate during investigations with all allegations of sexual abuse and sexual harassment without being retaliated against by other residents and/or employees. There have been no allegations of sexual abuse or sexual harassment reported; thus the Auditor could not interview any alleged victims.

NWMI reports that the designated staff members charged with monitoring retaliation is the PREA Coordinator and the Executive Director.

## Policy, Materials, Interviews and Other Evidence Reviewed

- . NWMI Policy 15-003
- . Interview with Dr. Rhodes (NWMI PREA Coordinator)
- . Interview with Ms. Davis (Executive Director)
- . Completed Pre-Audit Questionnaire submitted by NWMI PREA Coordinator

### Standard 115.271 Criminal and administrative agency investigations

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

NWMI does not conduct criminal nor administrative agency investigations. NWMI is a contract facility for the MDOC. Thus, investigative staff at MDOC is responsible for conducting administrative investigations at NWMI. Criminal investigations are conducted by the Jackson Police Department and/or Hinds County Sheriff Department for NWMI. The agency and investigative staff at MDOC reports there have been no allegations of sexual abuse or sexual harassment which appeared to be criminal and no criminal investigation were conducted.

The MDOC Regional Compliance Manager is responsible for conducting administrative investigations for NWMI and has received specialized training for conducting sexual abuse investigations as required by PREA standard 115.234.

**Policy, Materials, Interviews and Other Evidence Reviewed**

- . NWMI Policy 15-003
- . Interview with Ms. Arnold (MDOC Regional Compliance Manager)
- . Training record of Compliance Manager who conducts investigations
- . Completed Pre-Audit Questionnaire submitted by NWMI PREA Coordinator

**Standard 115.272 Evidentiary standard for administrative investigations**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

MDOC is responsible for conducting investigation at NWMI. A review of MDOC PREA 2003 policy # 20-14 requires no standard higher than a preponderance of evidence in determining whether the sexual abuse is substantiated. An interview with MDOC investigative staff confirmed this standard's requirement. The agency reports no allegations of sexual abuse or sexual harassment in the past 12 months.

**Policy, Materials, Interviews and Other Evidence Reviewed**

- . MDOC Policy 20-14
- . NWMI Policy 15-003
- . Interview with Ms. Arnold (MDOC investigative staff)
- . Completed Pre-Audit Questionnaire submitted by NWMI PREA Coordinator

**Standard 115.273 Reporting to residents**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

NWMI reports there have been no administrative and/or criminal investigations of alleged resident sexual abuse and/or sexual harassment that were reported or completed by the agency within the past 12 months. Thus, this Auditor was unable to review any notification documentation for this standard. However, NWMI and MDOC PREA policies are consistent with the standard requirements.

### **Policy, Materials, Interviews and Other Evidence Reviewed**

- . NWMI Policy 15-003
- . MDOC Policy 20-14
- . Review of MDOC PREA Annual Report
- . Completed Pre-Audit Questionnaire submitted by NWMI PREA Coordinator

### **Standard 115.276 Disciplinary sanctions for staff**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

NWMI reports no staff have been terminated or resigned during an investigation for violating the agency's sexual abuse or sexual harassment policies. Additionally, there have not been any residents disciplined for violations of the agency sexual abuse or sexual harassment policies. Thus, no staff has been reported to licensing boards or law enforcement agencies for violation of the agency sexual abuse or sexual harassment policies. The agency employee handbook dictates to staff that any violation of the agency's sexual abuse and/or sexual harassment policy will result in disciplinary action up to termination.

### **Policy, Materials, Interviews and Other Evidence Reviewed**

- . NWMI Policy 15-003
- . MDOC Policy 20-14
- . Interview with Mr. Perry (President/CEO)
- . Interview with Ms. Arnold (Investigative staff at MDOC)
- . Completed Pre-Audit Questionnaire submitted by NWMI PREA Coordinator

### **Standard 115.277 Corrective action for contractors and volunteers**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The NWMI reports no contractors and/or volunteers have been reported to law enforcement or relevant licensing bodies in the past 12 months due to allegations of sexual abuse and/or sexual harassment. An interview with the President/CEO confirmed immediate removal and denied access to the facility in conjunction with referral to a local law enforcement agency.

## **Policy, Materials, Interviews and Other Evidence Reviewed**

- . NWMI Policy 15-003
- . Interview with Mr. Perry (President/CEO)
- . Completed Pre-Audit Questionnaire submitted by NWMI PREA Coordinator

### **Standard 115.278 Disciplinary sanctions for residents**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

NWMI reports there have been no reports of administrative or criminal allegations of resident on resident sexual abuse and/or sexual harassment at the facility in the past 12 months. Agency policy prohibits sexual activity between residents. Policy states a resident will be disciplined for sexual conduct with an employee only upon a determination that staff did not consent to the act. The agency policy states residents who deliberately file false allegations will be sanctioned. The agency considers the resident's mental disabilities or mental illness when determining the sanctions. No PREA misconduct incidents have occurred at NWMI. Therefore, this Auditor could not interview anyone and there was no documentation for review.

## **Policy, Materials, Interviews and Other Evidence Reviewed**

- . NWMI Policy 15-003
- . Completed Pre-Audit Questionnaire submitted by NWMI PREA Coordinator
- . MDOC 2015 PREA Annual Report

### **Standard 115.282 Access to emergency medical and mental health services**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

NWMI reported there were no resident victims of sexual abuse in the past 12 months. Thus, there were no medical records for this Auditor to review. The agency policy on Sexual Abuse Prevention and Response documents when a resident is a victim of sexual abuse, they will receive timely, unimpeded access to emergency medical and mental health services without financial cost to the victim. All victims will be escorted to the University of Mississippi Medical Center for a forensic examination by a SAFE or SANE practitioner. The NWMI PREA Coordinator ensures the victim receives rape crisis intervention services and advocates from the Mississippi Coalition against Sexual Abuse and Region 8 mental health. Residents will not incur a financial cost for treatment required to include for ongoing treatment.



## **Policy, Materials, Interviews and Other Evidence Reviewed**

- . NWMI Policy 15-003
- . Completed Pre-Audit Questionnaire submitted by NWMI Coordinator
- . NWMI Resident Handbook
- . Interview with University of Mississippi Medical Center SAFE practitioners by telephone
- . Interview with Mr. Perry (President/CEO)

### **Standard 115.283 Ongoing medical and mental health care for sexual abuse victims and abusers**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The NWMI reports no resident victims of sexual abuse in the past 12 months. Therefore, no medical records existed for this Auditor to review. The agency policy states ongoing medical and mental health care will be provided to all sexual abuse victims consistent with the community level of care. The policy state resident victims of sexual abuse will receive timely unimpeded access to emergency medical treatment and crisis intervention services. The resident victim will be escorted to the University of Mississippi Medical Center where SAFE or SANE medical practitioners will provide forensic examinations. This includes appropriate follow-up services, treatment plans, test for pregnancy, and sexually transmitted infections. The victim will not incur any cost associated with the services. Residents will continue to receive these services in relationship to the incident after transfer or placement in another facility, or release to the community. The NWMI PREA Coordinator in conjunction with the MDOC Regional Compliance Manager and MDOC State-wide PREA Coordinator will work cohesively to ensure victims receive rape crisis intervention services with advocates from the Mississippi Coalition against Sexual Assault.

## **Policy, Materials, Interviews and Other Evidence Reviewed**

- . NWMI policy 15-003
- . Completed Pre-Audit Questionnaire submitted by NWMI Coordinator
- . NWMI Resident handbook
- . Telephone interview with University of Mississippi Medical Center SAFE practitioner
- . Interview with Mr. Perry (President/ CEO)

### **Standard 115.286 Sexual abuse incident reviews**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

NWMI reports that in the past 12 months, there have been no criminal and/or administrative investigations of alleged sexual abuse committed at the facility. Therefore, the agency reports no sexual abuse incident reviews were conducted. NWMI policy identifies staff who will serve on the incident review team as the NWMI President/CEO, MDOC Regional PREA Compliance Manager, MDOC State-wide PREA Coordinator with input from line staff, and mental and medical practitioners. Interviews with NWMI PREA Coordinator and MDOC Regional PREA Compliance confirmed monthly data is gathered for reporting incidents of sexual abuse and/or sexual harassment. NWMI policy clearly states an understanding of the process for completing sexual abuse incident reviews. However, no incidents have occurred for review by this auditor.

#### **Policy, Materials, Interviews and Other Evidence Reviewed**

- . NWMI policy 15-003
- . Completed Pre-Audit Questionnaire Submitted by NWMI
- . Interview with Ms. Arnold (MDOC Regional PREA Compliance Manager)
- . Interview with Ms. Stingley (MDOC State-wide PREA Coordinator)
- . Reports submitted by NWMI PREA Coordinator
- . MDOC 2015 PREA Annual Report

#### **Standard 115.287 Data collection**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

NWMI collects accurate, uniform data for all allegations of sexual abuse at NWMI and uses a standardized instrument and set of definitions. The NWMI PREA Coordinator gathers the information from NWMI and forwards a monthly report to the MDOC Regional PREA Compliance Manager who submits the data collected to the MDOC State-wide PREA Coordinator. The MDOC State-wide Coordinator is responsible for submitting the annual data report to the Department of Justice not later June 30<sup>th</sup> of each year.

#### **Policy, Materials, Interviews and Other Evidence Reviewed**

- . NWMI policy 15-003
- . MDOC policy 20-14-1
- . MDOC 2015 PREA Annual Report
- . Completed PRE-Audit Questionnaire submitted by NWMI PREA Coordinator
- . Interview with MDOC Regional PREA Compliance Manager
- . Interview with MDOC State-wide PREA Coordinator
- . MDOC website: [www.mdoc.ms.gov](http://www.mdoc.ms.gov)

#### **Standard 115.288 Data review for corrective action**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The NWMI Coordinator submits data for corrective action review to the MDOC on a monthly basis. NWMI and MDOC Management utilize the data for corrective action purposes as required. This information is collected and posted on the MDOC website for public viewing. This Auditor verified the 2015 PREA Annual Report was posted on the MDOC website. Appropriate information is posted.

#### **Policy, Materials, Interviews and Other Evidence Reviewed**

- . NWMI policy 15-003
- . MDOC policy 20-14-1
- . MDOC 2015 PREA Annual Report
- . Completed PRE-Audit Questionnaire submitted by NWMI PREA Coordinator
- . Interview with MDOC Regional PREA Compliance Manager
- . Interview with MDOC State-wide PREA Coordinator
- . MDOC website: [www.mdoc.ms.gov](http://www.mdoc.ms.gov)

#### **Standard 115.289 Data storage, publication, and destruction**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

NWMI and MDOC policies state the procedures and manner in which data is stored. A review of the area was conducted by this Auditor at NWMI. The most current MDOC Annual PREA Report 2015 is posted on the MDOC website for public viewing.

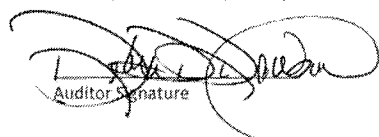
#### **Policy, Materials, Interviews and Other Evidence Reviewed**

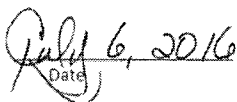
- . NWMI policy 15-003
- . MDOC policy 20-14-1
- . NWMI President/CEO
- . Completed PRE-Audit Questionnaire submitted by NWMI PREA Coordinator
- . Interview with MDOC Regional PREA Compliance Manager
- . Interview with MDOC State-wide PREA Coordinator
- . MDOC website: [www.mdoc.ms.gov](http://www.mdoc.ms.gov)

**AUDITOR CERTIFICATION**

I certify that:

- ☒ The contents of this report are accurate to the best of my knowledge.
- ☒ No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- ☒ I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

  
Auditor Signature

  
Date